MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/069147
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2		/		/			52							
3		/		/			53							
4		3		/			54							
5		②		/			55							
6		②		/			56							
7		②		/			57							
8		②		/			58							
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49							99							
50							100							
TOTAL IND.	/	↓	/	↓		↓	TOTAL IND.			↓		↓		↓
TOTAL DEP.	9	←	7	←		←	TOTAL DEP.			←		←		←
TOTAL CLAIMS	10		8				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

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